

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1852

BIRTH NO.		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5827		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Lilbourn MO b. COUNTY N.M.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Progeet Lilbourn MO.		c. LENGTH OF STAY (in this place) 0 120		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Progeet		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NON				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) RUTH		a. (First) b. (Middle) c. (Last) Glover		4. DATE OF DEATH (Month) (Day) (Year) Jan 1 50			
5. SEX F 3		6. COLOR OR RACE COL		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH SEPT 29 32	
9. AGE (in years last birthday) 17		# UNDER 1 YEAR 3		# UNDER 1 MONTH 2		# UNDER 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NON		10b. KIND OF BUSINESS OR INDUSTRY NON		11. BIRTHPLACE (State or foreign country) MISS CAL CO 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME REED GLOVER		13b. MOTHER'S MAIDEN NAME LUCY VANCE		14. NAME OF HUSBAND OR WIFE NON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NON		17. INFORMANT'S SIGNATURE OR NAME ADDRESS REED GLOVER LILBOURN, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subacute Bacterial Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Fever DUE TO (c) None 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 5 days 4 yrs 4/16X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/29/1949, to 1/1/1950, that I last saw the deceased alive on 1/1/1950, and that death occurred at 2:25A m., from the causes and on the date stated above.							
23a. SIGNATURE John L. Sample M.D. (Degree or title)				23b. ADDRESS Lilbourn, MO		23c. DATE SIGNED 1/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5 50		24c. NAME OF CEMETERY OR CREMATORY Sand Hill Cemetery		24d. LOCATION (City, town, or county) (State) Catron, MO	
DATE REC'D BY LOCAL REG. Jan 9 1950		REGISTRAR'S SIGNATURE H.L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE L.H. Hill		ADDRESS Lilbourn 940	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

[Signature]

Licensed Embalmer No. 2627

P. O. Address Gilberton Delo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.